



NeoProLab COURIERS – SPECIMEN TRANSPORT AUTHORIZATION FORM

Medical Specimen / Document Transfer Record HIPAA-Compliant • Temperature-Controlled Transport • Secure Custody Tracking

Serving: Attleboro, MA • North Attleboro, MA • Seekonk, MA • Plainville, MA • Providence, RI • Pawtucket, RI
Business Address: 878 Washington St #19, Attleboro, MA 02703
Phone: 774-297-0597 • Email: info@neoprolab.com
Secure Medical Transport & PHI Handling

1. Facility / Clinic Information

Facility / Clinic Name: _____
Department: _____
Address: _____
City / State / ZIP: _____
Primary Contact: _____
Phone: _____ Email: _____

2. Authorized Specimen Types

- Blood ■ Urine ■ Tissue ■ Pathology Slides ■ Microbiology ■ COVID/Flu Swabs
- Pharmacy Items ■ Medical Documents ■ Other: _____

3. Temperature Requirements

- Ambient ■ Refrigerated (2–8°C) ■ Frozen ■ Temp-Sensitive
- Facility Provides Cooler ■ Courier Provides Cooler

4. Pickup & Delivery Authorization

Pickup Location(s): _____
Delivery Location(s): _____
Authorized Hours: _____
Special Instructions: _____

5. Chain-of-Custody Acknowledgment

✓Timestamped pickup records ✓Signature verification ✓Secure handling ✓Temperature documentation (if required)

6. Authorization Signatures

Facility Representative: _____ Date: _____
Signature: _____

NeoProLab Courier Rep: _____ Date: _____
Signature: _____